# **Readiness Form**

Date received

We would like to get to know you in your own words. This form helps us to work out how ready you are to live at the EFY Foyer, how you will fit with other people living in the EFY Foyer and how you would suit living in student accommodation. We also want to know what motivates you, what your strengths are and what challenges you think you may have. We will consider all of your responses to make a decision about whether the EFY Foyer is the place for you.

Date reviewed

Personal detail	c			
	3		Loot Name	
First Name			Last Name	
Preferred name/s				
Date of birth /	/	Age	Gender	Preferred pronouns
Current Address				
Phone		Email		
Country of birth			Preferred language	
How would you describe	your current reside	ency status?		
Australian				
Permanent resident				
Temporary resident	(please explain)			
Temporary resident				
Other (please specify)				
^				
^				
Other (please specify)  Identity  At the EFY Foyer we cele of groups and networks.	Telling us a bit abo	out your sexuality		
Other (please specify)  Identity  At the EFY Foyer we cele of groups and networks. You, filled with relevant actions.	Telling us a bit abo ctivities, groups an re your personal de	out your sexuality d networks.	and cultural background will he	lp us create a meaningful progran
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What is your cultural background?
Are you of Aboriginal or Torres Strait Islander origin?
O Aboriginal O Torres Strait Islander O Both O Neither O Rather not say
Is there anything you would like to share with us about your connection to culture? For example, who is your mob? Where is your traditional country?
Is there anything else about you that you think is important to share or will help us to link you with groups and activities relevant to you'
Talents and dreams
The EFY Foyer will provide you with a safe and secure environment to live in, and access to opportunities, resources and networks that will support you to transition to independence. In return, you agree to engage with a range of opportunities to grow your skills, talents and interests across six key service offers: Education, Employment, Health & Wellbeing, Housing & Living Skills, Civic Participation and Social Connections. This two-way relationship is called 'The Deal'.
The EFY Foyer is committed to working with you in a way that builds on your aspirations, talents and abilities. We would like to know some more about you and your talents and dreams, so we can help you get the most out of the program. Spend some time here thinking about your life, the things you look forward to or would like to do in the future and write them down.
What are your dreams for the future? Think about the things you look forward to or would like to achieve in the future.
What activities and hobbies do you enjoy? You might like to think about the things you do on the weekend or in your spare time.
Can you tell us about something that you are good at?









#### **Education and training**

Involvement in education and training is key to your participation in the EFY Foyer program. As a requirement of the EFY Foyer, you are expected to actively engage with education and/or training and we will support you to complete a minimum of a Year 12 or Certificate III level qualification.

If you are not enrolled in education yet, this is something we can help you with.

Please give us an example of something you have done or been involved in that demonstrates your motivation to study. You don't have to be enrolled right now. You might like to tell us about a course you have completed in the past, or maybe you have recently researched courses online.

Which one of these options would you say most closely describes your motivation to get involved in education or training?  Please tick one box only
O I have no interest in education/training
O I have not thought about education/training recently, but I am open to it
O I am thinking about education/training, but have not looked into it yet
O I am motivated; I really want to get into education/training soon
O I am so motivated that I am already in education/training
If you are currently enrolled in education or training, please provide details of the course including the following details:  Where you are undertaking the course/attending school
Title of the course/school year
The level that you are studying at is:
O Secondary school student
O Vocational education and training
O University student
Other training and education
O Don't know
O Not applicable
If you have not been motivated to make a start yet, what strengths or skills do you have that would help you in your learning?









#### **Employment**

At the EFY Foyer we will work with you to set career goals and aspirations, to develop your employability and ultimately, to achieve paid employment.

Please tell us about a time when you have shown an interest in participating in employment. For example, maybe you have researched jobs online, completed work experience or had a casual job or part time job.

<b>o</b>	Which one of these options would you say most closely describes your motivation to get involved in employment?  Please tick one box only
	O I am not interested in looking for work right now
	O I have thought about getting a job/volunteer work, but I haven't done anything to make it happen
	O I would like a job/volunteer work and this is something I would like to work towards
	O I have had a job/volunteer position in the past and I would love to find another
	O I already have a job/volunteer position and working is something that I value
	If you are currently employed, please tell us the following about your job:  Job title
	Place of employment
	Do you work:
	O Full time O Part time O Casual O Other:
	Roughly how many hours per week you work:
	Do you receive any income support?  Tick any that apply
	O Newstart Allowance
	O Youth Allowance
	O ABSTUDY
	O Disability Support Pension
	O JobSeeker
	Other:









### **Getting involved**

The EFY Foyer offers many opportunities for you to get involved with the community, take part in activities and build social networks. Participating in these activities is an important part of EFY Foyer life. The activities calendar at the EFY Foyer changes regularly, but can include things like cooking workshops, personal training sessions, movie nights

0	Which one of these options would you say most closely describes your motivation to get involved?  Please tick one box only
	O I have no interest in getting involved in community activities, or groups
	O It is not something I have thought about, but I would consider this
	O I am starting to think that I would like to get more involved in activities/groups
	O I am keen to get involved in activities/groups
	O I am already involved in groups/community activities and is something that I value
	Can you give an example of a group activity (community project, volunteering, sports team, workshops or other) that you have been a part of?
	If you were to live at the EFY Foyer, are there any activities or groups you would like to participate in? What are they?



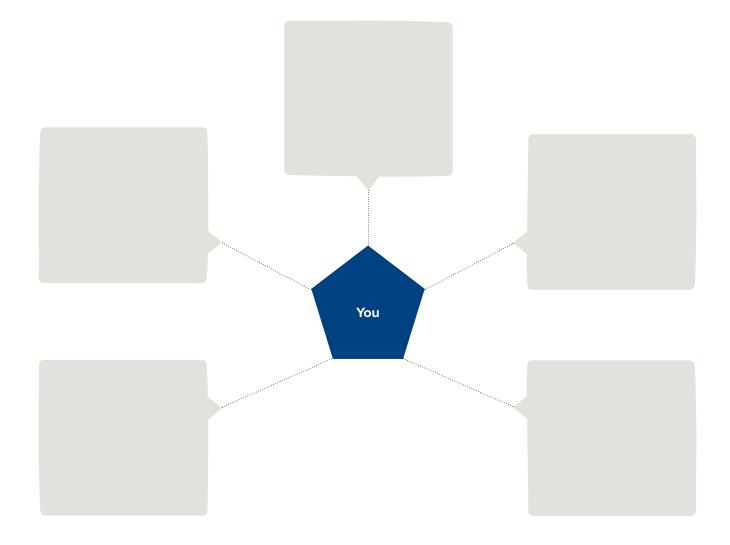




#### **Social connections**

Developing your networks and having positive relationships with people who value and support you are important for everyone. At the EFY Foyer we aim to build these social connections so that when you leave you have great connections to people who are important to you.

Please tell us who the important people in your life are right now. Who are the people you can call on when you need help? This could include your family members, relationships, friends, mentors, teachers etc.









#### **Community connections**

Tell us about any groups, organisations or agencies you are currently connected with. This might include youth groups, community organisations, sports clubs, support providers etc. Include as many as you like in the table below.

Organisation/group	Contact name	How you know them	Phone	Email

### Housing

Thinking about the different places you have lived or stayed in over the last 12 months, how much time have you spent: **Please check one for each row** 

Type of accommodation	No time over last 12 months	Less than 1 month	1–3 months	3–6 months	6–12 months
In your own place (that you were renting, owned, or were buying)	0	0	0	0	0
In your parent's or relatives home	0	0	0	0	0
In the homes of friends or couch surfing	0	0	0	0	0
In a boarding house or hostel	0	0	0	0	0
In foster care, residential care or kinship care	0	0	0	0	0
Sleeping rough (eg. a park, tent, train station)	0	0	0	0	0
In emergency or crisis accommodation	0	0	0	0	0
In youth justice service or youth detention centre (including juvenile justice)	0	0	0	0	0
Any other place you have lived in the past 12 months (specify):	Ο	0	0	0	0







What is your current address?								
How long have you lived here for?								
Who are you living with?								
Please tell us the reason for leaving your last accommodation:								
Are you able to live at hor	me? Yes	O No						
If no, what is the main rea	son you are unable to liv	re at home?						
What personal strengths o	r strategies have helped	you while you haven't had seci	ure housing?					
Independent liv	ring							
EFY Foyer we will work w	ith you to develop indep g. There are also spaces	tment, and is responsible for the sendent living skills, such as how for you to meet with other sturn orkshops.	ow to cook, save money a	and looking after your				
	•	t would make you a good hou						
For example, you might b	e very neat and tidy, or n	espectful, or maybe you like m	reeting new people.					
Please tick the answer	that describes you be	est (one box only)						
How confident are you in	cooking meals for yours	elf?						
O Extremely confident	O Very confident	Moderately confident	A little confident	Not confident at all				
How confident do you fee	el about managing your r	money and paying rent?						
O Extremely confident	O Very confident	Moderately confident	A little confident	Not confident at all				
How confident are you in (you will have your own u		nared living environment, with	communal spaces and fa	cilities?				
Extremely confident	O Very confident	Moderately confident	A little confident	Not confident at all				









Hov	How confident do you feel about getting involved in groups and social activities?								
0	Extremely confident	O Very confident	Moderately confident	A little confident	O Not confident at all				
	How confident are you in your ability to attend to your own personal hygiene needs (including showering, washing clothes, changing bed sheets etc.)?								
0	Extremely confident	O Very confident	Moderately confident	A little confident	Not confident at all				
		Any other living sk	ills you have that you would	like to tell us about					
		Living sk	kills you would like to learn o	or develop					









### Keeping myself and others safe

The EFY Foyer environment is a communal space, with many young people living, studying and working toward their goals together. We would like to know if you are equipped to live in an environment shared with diverse young people with many different backgrounds, ideas and personalities. We will also be asking about any safety or legal concerns you have right now, so we can create a safe and secure environment for yourself and others.

Tell us about some of the things you do to get along with other people. You might like to think about family members, friends, community groups, housemates or anyone else. Perhaps you are friendly and polite, or you listen to other people's perspectives.
How do you deal with someone who annoys you or has a different opinion to yours?
Do you have a recent history of serious violent or aggressive behaviour?  O Yes  No
What strategies do you use to manage extreme emotions or conflict?
Have you experienced any safety concerns, including violence from another person?    Yes    No
If yes, please tell us a bit more, particularly if you currently feel unsafe:
If yes, what personal strengths do you think helped you through this?







	Do you currently have any legal issues of	or char	ges that yo	ou are dealing with?	•	) Yes	0	No	
	If yes, please tell us a bit more about ho	w this	is managed	d, and how the EFY	Foyer	can suppo	rt you:		
	Are you likely to go to youth detention of	or prisc	on due to th	nese charges?	0	Yes	O No		
	Do you have any previous serious convidrug trafficking, or incidents of a sexual			vith an offence invo	lving ars	son, violer	ice,	O Yes	O No
	We would like to know if you use drugs use on this form will not mean you cannot achieve at the EFY Foyer. So if you do with before moving into the EFY Foyer.	ot live	at the EFY	Foyer. However, it i	s impor	tant that e	veryone f	<sup>f</sup> eels safe, secu	re and able
	Do you use drugs currently?	0	Yes	O No					
	Do you use alcohol currently?	0	Yes	O No					
	Have you used drugs in the last year?	0	Yes	O No					
	Have you used alcohol in the past?	0	Yes	O No					
	Do you think your alcohol or drug use w or impact the participation of others?	ould ir		ability to commit to	the EF	Y Foyer D	eal,	O Yes	O No
•	Do you think your alcohol or drug use w		mpact your						O No
•	Do you think your alcohol or drug use w or impact the participation of others?	e quest	mpact your tions, pleas	e tell us about your	manag	ement an	d support	requirements	
•	Do you think your alcohol or drug use w or impact the participation of others?  If you answered yes to any of the above	e quest	mpact your tions, pleas	e tell us about your	manag	ement an	d support	requirements	
•	Do you think your alcohol or drug use w or impact the participation of others?  If you answered yes to any of the above	e quest	mpact your tions, pleas	e tell us about your	manag	ement an	d support	requirements	
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	Do you think your alcohol or drug use w or impact the participation of others?  If you answered yes to any of the above Current management strategies	e quest	mpact your	e tell us about your	manag	ement and	d support	requirements	
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•	Do you think your alcohol or drug use w or impact the participation of others?  If you answered yes to any of the above Current management strategies	e quest	mpact your	e tell us about your	manag	ement and	d support	requirements	









### **Health and Wellbeing**

Being well means different things to different people. At the EFY Foyer we encourage you to try new things and think about your mental and physical health in a proactive way.

Can you tell us about a time when you felt healthy and well? What are the things you do to look after your mental and/or

	physical health?	
	Have you had any concerns around your mental health? (diagnosed or undiagnosed)  Yes	No
	If yes, please tell us a bit more about this:	
	In the last 6 months, have you self-harmed? O Yes O No	
	In the last 6 months, have you attempted suicide?  Yes  No	
	If you answered yes to having a mental health diagnosis, or have recently self-harmed or attempted suicide, please tell us	
_	more about how you manage your mental health challenges. Examples may include talking to a professional, safety plans, medications or self-care strategies.	
	De you have a disability or physical health issues that will impact an your shility to participate in the EEV Feyer program?	
	Do you have a disability or physical health issues that will impact on your ability to participate in the EFY Foyer program? If so, please advise us of the nature of your disability or health issue:	
	Do you currently access a Funding Package from the NDIS?  Yes  No	
	If yes, name the organisation you are connected to:	
	Name and contact details of your support coordinator:	
	Are there any supports you will need us to provide in order for you to live at the EFY Foyer and to take part in the program (this could mean adjustments to the physical space, assistive technology etc.)	!?









## Referees

Name of organisation (if applicable)	ut the information you have given in	this form.	
Name of Referee			
Email	Phone number		
How you know this person	How long you have known this person		
Please tell us the details of someone we can contact about your	educational background / pathway.		
Name of educational institute (if applicable)			
Name of Referee			
Email	Phone number		
How you know this person	How long you have known this person		
Informed consent			
I give consent for the information to be used to assess my readiness for the EFY Foyer.		O Yes	O No
I give my consent for the EFY Foyer Readiness Assessment Panel to contact my referees and any other nominated organisation provided on this form.		O Yes	O No
I consent for the information that I give in this form to be used for particle (if you do not consent to this it will not alter your chances of gaining		O Yes	O No
I understand that I can withdraw my consent for the use of this forr and evaluation at any time.	m for Foyer evaluation, planning	O Yes	O No
	/		
Signed (Young Person or authorised representative)	Date		
Signed (Worker)	Worker name		
Worker position	Organisation		
If you have any questions, please contact the EFY Foyer Manager	<b>Ph</b> (03) 5825 6104 <b>E</b> foye	rshepp@berryst	reet.org.au







